

Thomas O. Forslund, Director

Governor Matthew H. Mead

# **BHD** Bulletin

DATE: July 24, 2013

TO: Adult Developmental Disabilities (DD) Waiver, Child DD Waiver, and Acquired Brain

**Injury Waiver Providers** 

FROM: Joe Simpson, Administrator, Wyoming Department of Health, Behavioral Health Division,

Developmental Disabilities Section

SUBJECT: Clarification on Changes to Current Waivers, Cost Containment Measures and Billing

Rules

REF #: JS-2013-033

Effective July 1, 2013, the Wyoming Department of Health (the Department), Behavioral Health Division (the Division) made changes to some Adult Developmental Disabilities (DD), Child DD, and Acquired Brain Injury Waiver services by reducing service rates by one percent (1%) and revising the scope and limitations of other services in order to implement cost-saving measures. Due to legislation passed in 2012, which required the Department to reduce State General Fund spending by four percent (4%) for State Fiscal Year 2014 (FY14), the Division must meet the overall reduction in FY14 through the measures specified in this bulletin in order to avoid implementing more cost-cutting measures later in the fiscal year. It is critical that teams and case managers review and implement the services changes. The Department's Senior Leadership Team is monitoring these cost savings on a monthly basis. If these changes are not sufficient to meet the overall four percent (4%) reduction needed to the waiver budgets, additional service rate reductions may be necessary.

The service changes listed in the next section include a new daily unit for Respite, a revised Skilled Nursing definition, and other service changes. Please review these changes closely and note the deadlines for implementation. The changes for Specialized Equipment or Environmental Modifications include a requirement to stay within the Individually Budgeted Amount (IBA). There are additional restrictions on Goods and Services and effective the FY13-14 school year, no services during school time will be approved. There will be no exceptions. The following list includes the current waiver changes and due dates for compliance:

# Respite revised service scope and limitations

Respite services are available as a 15-minute unit and a daily unit with a limit based upon the participant's need and budget limit. Usage of the 15-minute unit may not exceed 7,280 units per plan year if living with family and may not exceed 2,500 units per plan if living in residential services with a non-CARF accredited provider or SFHH provider. The daily unit of respite must be utilized any time respite extends beyond 9 hours of service in a calendar day. The daily respite rate cannot be used by more than one provider in the same day nor can it be used with the 15 minute respite unit for the same

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participant. Child Habilitation Service is not intended for 24-hour supervision and may not be used in place of Respite since the service includes training, coordination, and intervention directed at skill development and maintenance, physical health promotion and maintenance, language development, cognitive development, socialization, social and community integration, and community integration and domestic and economic management. It may only be used when other waiver services, such as Respite or personal care, are not appropriate for the participant's needs.

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### Deadline to implement daily respite

Teams have three (3) months (until October 1, 2013) to modify plans to reflect the daily Respite usage. Participant Support Specialists will reduce the IBA by the cost difference between the 24 hour 15 minute rate and the new daily rate (\$335.04-\$167.52=167.52 for each daily unit).

## **Skilled Nursing** revised definition

Skilled Nursing is defined as medical care delivered to individuals with complex chronic and/or acute medical conditions, which is performed within the nurses' scope of practice as defined by Wyoming's Nurse Practice Act, for which the care requires a level of expertise that is undeliverable by non-medical trained individuals. The delivery of Skilled Nursing services is limited to those individuals who possess a valid and unencumbered license issued by the Wyoming State Board of Nursing. Skilled Nursing services under the waiver differ in provider type (including provider training and qualifications) from Skilled Nursing services in the Medicaid State Plan. Skilled Nursing services may not be used if trained staff members or providers are able to provide the service, such as medication assistance or medical appointment support, unless the participant has a chronic or acute medical condition that requires a skilled nurse's support.

## **♣** Deadline to implement Skilled Nursing unit changes

When nursing units are reduced to meet this definition, those dollars may not be used for other services. IBAs are reduced when Skilled Nursing is reduced to meet this new definition. These modifications must be submitted by October 1, 2013.

A revised <u>Physician's Order for Skilled Nursing</u> is now available on our website: <a href="http://health.wyo.gov/ddd/planofcaredocs.html">http://health.wyo.gov/ddd/planofcaredocs.html</a>. Specialists reviewing plans will not approve nursing units without the revised form.

# **Environmental Modifications and Specialized Equipment**

These definitions have not changed, but must stay within the IBA unless the request for items meets ECC criteria. IBAs will not be reduced for these one-time costs if the services stay within the IBA.

#### **Restrictions on Goods and Services**

Individually-directed goods and services cannot be used for personal care items (toiletries or things used for daily hygiene), clothing or bedding. Electronic technology equipment requests that meet the criteria of the service definition, such as a computer, iPad, or game system may only be purchased only once every five (5) years and must have prior approval from the Division.

## Waiver services during the school day

The Division will no longer approve exceptions to policy allowing some waiver services to be provided during the school day, and/or extended school year. The Medicaid Waiver programs must be payer of last resort. The student's local school district is responsible for providing appropriate special education services during the school day and/or extended school year. Special education services must be individualized to the needs of the individual child and are not limited to two hours a day. In addition, the waivers will no longer approve specialized equipment that is available through the school. If a piece of adapted equipment is necessary for educational purposes, it should be available to the student through the entire day and weekend. Administrators from the Division and Department of Education have met and agreed on these policies. Questions or complaints on decisions made by a local school district regarding

the services provided should be directed to Diana Currah, Wyoming Department of Education, Dispute Resolution Coordinator at (307) 857-9285.

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#### 1% Rate Reduction and IBAs

All IBAs for FY14 have been reduced by one percent (1%). Here is the link to the current FY14 service rate table on the Division's website: http://health.wyo.gov/ddd/servicesandrates.html.

Due to the confusion experienced by case managers and Participant Support Specialists with modifications on the FY13 Interim IBA 1% reduction, the Division is making some changes to EMWS. The FY13 Interim IBA 1% reduction will be removed by July 29, 2013. All service lines for FY13 will show the old rates regardless of start date. The following wording will appear on both the Service Authorization Screen and the PDF of that screen: Rates were reduced by 1% on 7/1/2013. Service lines will continue to report the old rate. But services delivered 7/1/13 or after will be paid at the new rate (1% reduction).

Specialists will be unable process modifications until Monday, July 29, 2013. FY14 plans of care (with plan start dates on or between 7/1/2013-6/30/2014) will continue to reflect the IBA with 1% reduction and the service lines will reflect the 1% reduction in service rates.

## **Billing restrictions**

Due to national requirements from the <u>National Correct Coding Initiative</u> (NCCI), a provider may no longer bill for "group" services and "individual" services on the same day for the same individual; nor can the provider bill for day services and 15 minute unit services for the same service on the same day for the same individual. The NCCI standards state that these codes are mutually exclusive and billing them incorrectly will cause one of the payments to be denied. A provider, who span bills for a week or month, may have claims denied if billing for similar service types provided to one individual during that span of dates. In order to receive payment for these claims, the services which are similar must be provided on different days and the claim files must be for the day the service was provided

## Upcoming waiver service code and unit changes

Effective October 1, 2013, some waiver service codes will change. These are due to the National Correcting Coding Initiative (NCCI).

- **Physical Therapy Individual** will have a code change to 97110 at the rate of \$20.83.
- Occupational Therapy Individual will have a code change to 97532 and remain a 15 minute unit at the rate of \$17.02.
- **Physical Therapy Group** and **Occupational Therapy Group** will change to 97150 and become a "per session unit" (where a minimum of 30 minutes must be provided to bill for the unit) at the rate of \$15.96.
- **Speech Therapy Individual** will have a code change to 92507 and be a per session unit (where 45 minutes of services must be provided in order to bill) at the rate of \$50.34.
- **Speech Therapy Group** will have a code change to 92508 and be a per session unit (where 45 minutes of services must be provided in order to bill) at the rate of \$19.32.
- Companion Services Group will have a code change to S5135 HB at the rate of \$1.49.
- **Dietician services** will have the same code (S9470), but the unit will change to a per session unit at the rate of \$28.66 (where a minimum of 30 minutes of service must be provided in order to bill).
- **Cognitive Retraining** will have a code change to H2014 at the rate of \$8.02.
- Child Habilitation Services (ages 0-12) will have a code change to T2027HA at the rate of \$2.75
- **Agency with Choice** will have the same code, but change to a 15 minute unit with a cap of 72 units a year at the rate of \$8.60.

• **Residential Habilitation Intervention** and **Day Habilitation Intervention** will change code to H2011 for both types of intervention. The Unit will remain a 15 minute unit at the rate of \$6.18.

### Deadline to modify plans for code or unit changes

Case Managers must obtain accurate information from these providers identifying the units used through September 30, 2013. Case Managers will then submit a modification using the new code and the remaining units and adding a new line for each of the services above by September 16, 2013. Modifications will be effective October 1, 2013. The provider will receive a new Prior Authorization notification to bill using the new codes for services delivered October 1, 2013, and after. The old codes will be invalid on October 1, 2013, and providers will not be reimbursed if they bill using the old codes. There are no additional rate changes to these new codes other than the ones listed above. For easy reference, the new rate and code table will be posted to the Division's website by September 1, 2013.

#### **Correction on FY14 Service Rates**

Two (2) day habilitation codes were off by one penny in the 1% rate reduction table posted for FY14. The correct rates are T2020U1=\$172.83 and T2020U2 =\$97.41. The FY14 rate table has been adjusted and re-posted to the <u>Division's website</u>.

## Questions

This bulletin is available on the Division's website: <a href="http://health.wyo.gov/ddd/memos.html">http://health.wyo.gov/ddd/memos.html</a>. For questions or assistance on these changes, contact your <a href="Participant Support Specialist">Participant Support Specialist</a>.

Sincerely,

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